

HOSPITALS

DRAWER 9B

AUXILIARIES

71, 2009 011 04240



Civil War Auxiliaries

Hospitals

Excerpts from newspapers and other sources

From the files of the
Lincoln Financial Foundation Collection

While we were in camp at the Soldiers' Home in the Fall of 1862," says Mr. C. M. Derickson, of Mercer, Penn., "the boys indulged in various kinds of amusement. I think it was the Kepler boys who introduced the trained elephant. Two men about the same size, both in a stooped position, were placed one ahead of the other. An army blanket was then thrown over them, so that it came about to their knees, and a trunk improvised by wrapping a piece of a blanket round a small elastic piece of wood, was placed in the hands of the front man. Here you have your elephant. Ours was taught to get down on his knees, stand on one leg, and do various other tricks. While the elephant was going through his exercises one evening the President strolled into camp. He was very much amused at the wonderful feats the elephant could perform, and a few evenings after he called again and brought a friend with him, and asked the Captain if he would not have the elephant brought out again, as he would like to have his friend see him perform. Of course it was done, to the great amusement of both the President and his friend."



THE KIND OF SOLDIERS LINCOLN
LOVED THE BEST

McClure's 1877

Lincoln in the Hospital

By the Rev. T. F. Parker

I was a member of the Forty-fourth New York Volunteers, and on March 25, 1862, I went to the Hygeia Hospital at Fortress Monroe. Some time in April Mr. Lincoln visited the hospital, going through all the wards and shaking hands with and speaking a kind word to each sick soldier present. It is impossible to adequately describe the effect it had upon us. I have sometimes said that "it was like a great rift of sunshine on a cloudy day." We were sick, and try as we would there was a depression of spirits that we could not shake off. As Mr. Lincoln reached me, I put one hand on the chair on which I was sitting and reached up with the other to take his hand. In a kindly voice he said, "Don't get up," and added, "There is a little fever on that hand," and he was gone. But the subtle influence of look, words and evident kindness remained with me, and to this day I can feel its power. I have been on the watch for forty years for a portrait that represents him as I saw him, and never, until Eggleston's painting appeared in THE CHRISTIAN ADVOCATE (February 7, 1907), have I seen one that satisfied me. The picture is like him as he bent over me and gave me his hand and spoke the words that so deeply touched my heart that I have hardly ever heard his name spoken since, that the picture of him did not rise up before me, just like that in THE CHRISTIAN ADVOCATE.

I may add that when he died I had entered the ministry and with my wife drove forty miles to see him as his body lay in state in old Saint James Hall in Buffalo. As he lay cold in death, the features were the same as in your picture. I have never

been able to think of him as a homely man. The face, illuminated with kindness, has always appeared beautiful to me.

5/4/09

Christian Advocate

ON a narrow cot in the military hospital at City Point Maj. Charles H. Houghton was dying. He had been in command of Fort Haskell, a strategic point in the rear of Grant's lines, against which all the fury of Lee's attack was being directed in an effort to break the Union lines. Against Maj. Houghton, a mere boy, 20 years old, were pitted the science and strategic knowledge of Gen. John B. Gordon, of Georgia.

Help came at last. The bearded, shaggy, gray men were beaten back, and Lee's desperate move was checked. Houghton's leg was amputated, and he was taken to the hospital at City Point. So that he could die in comparative peace, on a clean, white cot, they took him there. But for days he lingered on the borderland of life.

Sometimes in the long stretches of the night, when life and resistance are at ebb, it seemed to those who watched that he must be zigzagging back and forth across and across that mysterious line. Yet always in the morning, when friends inquired for news of him, the surgeons could say:

"He is alive. That's all."

Shortly after 9 o'clock one morning, the door at the end of the ward was opened and Dr. MacDonald, chief surgeon, called:

"Attention! The President of the United States."

There outside the door, the sunlight streaming into the room over square gaunt shoulders, stood Abraham Lincoln. Into the room he stalked, bending his awkward form ungracefully, for the doorway was low. At cot after cot he paused to speak some word of cheer, some message of comfort to a wounded soldier. With him when he made the rounds there was no one but the surgeon.

At Houghton's cot the two men paused. "This is the man," whispered MacDonald.

With a large, uncouth hand the President motioned for a chair. Silently a nurse placed one at the cot's head. Houghton did not know; he could not. As though he were afraid it would clatter and hurt the sufferer, Lincoln softly placed his "stovepipe" hat of exaggerated fashion on the floor. Dust covered

his clothes, which were not pressed. As he leaned over the cot a tawdry necktie, much awry, dangled near Houghton's head. Gently as a woman he took the wasted, colorless hand in his own sinewy one of iron strength. Just the suspicion of a pressure was there, but Houghton opened his eyes. Slowly, dully he realized who it was beside him.

A smile which had forgotten suffering answered the great President's smile of pain. In tones soft, almost musical, it seemed, the President spoke to the boy on the cot, told him how he had heard of his great deeds, how he was proud of his fellow countryman, how he had saved an army.

A few feeble words Houghton spoke in reply. At the poor, toneless voice the President winced. The doctor had told him that Houghton would die. Then happened a strange thing. The President wanted to see the wound which was taking so noble a life.

Bandages long and stained were removed, and the President saw.

Straightening on his feet, he flung his long, lank arms upward. A groan such as Houghton had not given voice to escaped the lips of the President.

"Oh, this war! This awful, awful war!" he sobbed.

Down the deep-lined furrows of the homely, kindly face hot tears burned their way. Slowly, tenderly, the President leaned over the pillow. The dust of travel had not been washed from his face. Now the tears of which he was not ashamed cut heavy furrows in it and splashed the white sheets on which they fell. While nurses and surgeons and men watched there in the little hospital, Abraham Lincoln took the pallid face of Houghton between his hands and kissed it just below the damp, tangled hair.

"My boy," he said, brokenly, swallowing, "you must live. You must live."

The first gleam of real, warm, throbbing life came into the dull eyes. Houghton stiffened, with a conscious, elastic tension in the cot. With a little wan smile he managed to drag a hand to his forehead. It was the nearest he could come to a salute. The awkward form of the President bent lower and lower to catch the faint words.

"I intend to, sir," was what Houghton said. And he did.

CIVIL WAR NURSE TELLS GRAPHIC TALE OF SUFFERING ENDURED BY SOLDIERS

Miss Cornelia Hancock "Simply Had To Go" To War—First Assignment Was At Gettysburg—Two Doctors Horrified Upon Arriving At Improvised Hospital—Wounded Piled Almost On Top Of One Another—Saw Grand Review.

From the Philadelphia North American of July 26, 1908.

"I have not come here to gloat over victory nor to witness the sorrow of defeated men, but I have come to take by the hand and thank the men who have achieved the glorious result," said Mr. Lincoln, and then he moved thru our hospital tents and grasped the hands of the wounded men and thanked them with his own lips for what they had done for their country.

"I heard him speak the words I have quoted, and I saw the tears of joy come into the eyes of the men who forgot their sufferings as the great President showed to them the pride he had in them and the sympathy he had with them: That was at City Point, on July 6. Four days later he was murdered at Washington by Booth."

While a little woman of Philadelphia spoke these words the representative of the North American was holding in his hand a stout steel watch chain. Pendent from one end was a huge silver medal, and attached to the links of the chain were finger rings, coins, and other souvenirs of soldiers, who, with their dying breath, had given to her their choicest possession as evidence of their appreciation of the tender devotion and sleepless care a young girl had given them as they were brought back from the battle to the field hospital of the Third Division of the Second Corps of Grant's army.

Upon the obverse side of the silver medal was this inscription: "Miss Cornelia Hancock, Salem, N. J. Presented by the wounded soldiers' Third Division, Second Army Corps." Upon the reverse of the medal this was the legend: "Testimonial or regard for ministrations of mercy to wounded soldiers"

Graphic Tale Of Suffering.

Seated at a front window of 634 Race St., in the very large parlor on the second floor of the house that was her home before and ever since the war, this little woman, who has seen so much and who has done so much, and who is still busy and restless with well doing, spoke with the calm judgment of great experience, the certainty of a marvelous memory and the well-chosen, graphic words of education, and for more than two hours poured forth a tale of carnage and suffering that gave yet a greater significance to Gen. Sherman's declaration that "War is hell."

And as the auditor sat there entranced by the vivid, clear, wonderful eloquence of simply told fact, but such fact he could not help believing that it was a stronger sentiment than mere sympathy that took this woman, when she was a girl of 23 years, from her home at Salem, and also from where she lives now, for she had a home at both places, and plunged her into the vortex of blood and death, there to remain until the last shot was fired. Lee had surrendered, the war was over. And yet she stayed on, ministering with her hands and brains and her great heart as best she might to lessen as much as was possible the sufferings that were always around, about and with her without cessation.

Three Piles Of Wounded.

"They made three piles of them," she said. "Those who had been shot in the head or some other vital part, who could not possibly live, were in one pile. There were more than 100 of them, and they lay out upon the field to die. Nothing could be done to save them. There was so much to be done in trying to save the others."

"Another pile was made of the men who were too badly wounded to be carried away from the field."

legs, or both, and they were carried around back of the house, where the surgeons worked as fast as they could. The other pile, and it was the larger, was made up of men who were only slightly wounded or were sick.

"There was a tiny brook running down from where the surgeons were working, and the blood of the soldiers mingled with the water of the brook until it was all red, and was a veritable river of blood. Oh, if we had only known about carbolic acid in those days! We knew nothing about antiseptics, and the gangrene and rotting came so quickly. I spent hours with a spoon scooping out from the wounds"—but it was too horrible to print, albeit she was not trying to tell a tale of horror.

Among The Dying And Dead.

She was telling only fact—awful fact—fact in which she lived and moved, and had her heroic being, and she told it with her eyes looking out upon the trees and grass in the little park in front of her home, all unconscious of her surroundings, for her mind was at Gettysburg with the wounded and the dying and the dead.

"I suppose I ought not to talk about it at all. But if it will only make people realize the blessings of the age in which we now live, and appreciate the awful price that was paid for the Union that is now the blessed heritage of every American, perhaps it will not be in vain."

She did not need to say this to dispel any idea that she told what she did out of vanity. Such heroines are not made out of that element or faculty of the mind that is known as vanity. It was modesty itself that most marked her manner. And she was gentle and tender. Never could a nature that was coarse endure what she saw in her "ministrations of mercy."

Some Secret Influence.

Again, it must have been a stronger impulse than mere sympathy that took her to and keep her at the bloody battle field. She received not 1 cent of pay from either Government or any person. What was it then? Consider, she was only 23 when she went and she was only 25 when she came away. And she is still Miss Cornelia Hancock. Was the impelling sentiment a secret? If

so, let it continue her own secret. She has paid a precious price for it—a lifetime devoted to good works, for now, at 68 years old, she is one of the most active of charity and settlement workers in the city of Philadelphia.

"What made me go? Why, I simply had to go. There were so many of our friends in the war and we could not see them. I had two brothers at the front—all my friends were at the front. Dr. Child, whose name is on the door-plate of this house, was my brother-in-law, and he was a surgeon. He knew I wanted to go. When the Battle of Gettysburg was being fought I was at my mother's home at Salem.

"Nurses were wanted. A Mrs. Farman was going to start for Gettysburg with six nurses. Dr. Child asked her to take me along. He sent his horse and buggy after me by boat to Salem. It reached the house on the morning of July 5. When I saw it coming I told my mother it was coming to take me to the war. It was. We drove up the fully 30 miles, and it was about 7 o'clock in the evening when we reached this house. I was very tired after the drive, but after supper I laid down for an hour, the last bed I was to lay upon in a house for a long time.

Told Not To Go.

"At 11 o'clock that night we started from Broad and Prime Streets for Baltimore. We had to go that way then to reach Gettysburg. Mrs. Farman and the other six women were all in the prime of life and big, strong women. When we reached Baltimore Dorothy Dix, who had charge of the nurses who were being sent to Gettysburg, said I was too small, too slight, and too young and I must be left behind.

"I did look a great deal slighter than I was. My face was very peaked, but I had a strong body and good health. When I heard Miss Dix I did not say a word to anybody, but I just went out and got on board of the train for Gettysburg. They could not put me off out in the country.

"I slept on the train, and when we got to Gettysburg I went to a hospital in a church. On the train with me were two doctors from New York, both of them very capable men, and they did heroic, tireless work. They were Dr. Vanderpool and Dr. Detmole. I

will never forget the look upon their faces when we reached that so-called hospital. There were no seats in the church, and the wounded were piled almost on top of one another. The church was at the bottom of a hill, and the rain that follows every battle had flooded the floor of the church, and the poor fellows were lying there in a pool of water and blood.

Doctors Were Horrified.

"The two doctors were transfixed with horror, as if they had both been struck by paralysis. But it was not for long. They soon fixed up a bench back of the church for an operating table. As fast as the men were amputated they were placed eight in a tent, and we had about 30 of these tents.

"Fairly before the doctors got to work I found out that the men wanted to write home more than anything else and tell their wives and families not to worry; that they were not hurt badly. All day long, my first day, I wrote letters for them. Then we got our tents up and had them filled with men. Then there was something to do besides writing letters.

"I was the only woman around the Third Division hospital for more than a week, and I was kept pretty busy. You know, we women at the front were not nurses in the sense that women are nurses now. We had no standing in the Army. We were better than if we had. We did whatever we could, and some of our best work was in cutting the red tape that bound up the soldiers, doctors, and nurses.

"If they wanted any food or medicine, they would have to get their requisitions, sign papers, and so on: if we women wanted anything, we simply took it, wherever we could lay our hands on it. If it was something to eat, we cooked it as soon as we got it. One of the most important things those days, according to the medical procedure of the time, was to keep the men well stimulated.

Much For Women To Do.

"Well, that was one of my most important functions. Whisky I must get, and did get whenever and wherever I could. It would be a hard-hearted quartermaster who would refuse a girl a bottle of whisky when he knew she wanted to hold it to the lips of some

man whose life she was trying to prolong. And then there were so many wounds to bandage, so many feverish brows to cool, so many cheering words to speak, in the hope of a reward in seeing a smile banish, if only for an instant, the throng of pain or stifle the groan of agony.

"Then there were clothes to wash—not many, for there were but few who either had them or needed them. Drs. Vanderpool and Detmole soon got another church for a hospital. They did not take the seats out, but instead they had the backs of the seats either bent or broken back to make a couch for one or two of the wounded, and kept them up and out of the red pools upon the floor."

She continued her labors in the field hospital for several weeks until a general hospital was established at Camp Letterman, and then she remained there for several weeks. Thence she went to Washington, where she entered the Contraband Hospital, and remained there until February, 1864. Then a surgeon sent for her to come to Brandy Station, her silver medal securing her a pass from the Secretary of War. The soldiers at Brandy Station, many of whom had been at Gettysburg, gave her a hearty welcome, and built her a log house in which to live while she ministered to the sick and wounded among them. She remained there until April, when Gen. Grant took command of the Army of the Potomac and ordered all the women in the Army to be sent back home.

Started For Front Again.

"I had been back home only a few days when my sister asked me to go around the corner to Arch Street above Seventh, when I heard a newsboy calling out: 'All about the battle at the Wilderness; Gen. Hayes killed!' I never reached that thread store. Gen. Hayes was the commander of my old corps, and I knew that my men had been in another bloody battle. I came back here to the house, hastily filled my carpet bag, and hurried off for a train to Washington. When I got there they wouldn't let me go on to the front. I simply could not get a pass, although several Congressmen from Pennsylvania and New Jersey whom I knew

tried to get one for me.

"At last I hit upon an expedient. I had my brother-in-law, Dr. Child, send for a pass for his assistant, without betraying my sex. I took a boat down the river as far as Belle Plain and reached there on May 10. There were several thousand men there—sick and wounded Union men and prisoners of war, and they were lying mostly upon the open hillside or in the low timber filling the ravines. There was plenty of work to do there, making coffee and feeding the men as well as I could and helping in dressing wounds. The next day I caught an ambulance that was going to Fredericksburg, and I was the first woman of the North to reach there. I found thousands of wounded men there who had been brought into town from the battle fields of the Wilderness and of Spotsylvania.

Tribute From Surgeon.

"I had a very busy two weeks there. But I would rather let some one else tell you about that. Here is a letter from our corps surgeon that the New York Tribune printed at that time," and she brought out an old clipping from that paper. Only enough of it is quoted to show the nature of her work there. It said:

"When the next day I opened a new hospital in the Methodist Church, I asked her to accompany me. She did so, and if success attended the efforts to ameliorate the sufferings, it was in no small degree due to her indefatigable labors.

"Were any dying, she sat by to soothe their last moments, to receive the dying messages to friends at home, and when it was over, to convey the sad intelligence by letter. Let me rise ever so early, she had already preceded me at work; and during the long hours of the day she never seemed to weary or to flag.

"One can but feebly portray the ministrations of such a person. She belonged to no association and had no compensation. She commanded respect, for she was ladylike and well educated; so quiet and undemonstrative that her presence was scarcely noticed except by the smiling faces of the wounded as she passed them."

Her Heart With The Corps.

Could more be said about Florence Nightingale? Her heart was with the Second Corps, and on May 28, 1864, she set out on a march with the Army. She was accompanied by another nurse, Mrs. Husbards, a Pennsylvanian. Some of the men had been prisoners for three weeks in the Wilderness and were nearly starved, and the two women devoted their efforts to feeding them into shape for fighting, for there was more fighting to be done. Four days later, at White House Landing, there was a battle, and the two women were under fire.

"I had often heard the fighting at a distance, for the hospitals were always placed far enough in the rear for safety. But we had no time to reach a place of safety there. It wasn't a bit pleasant to have shot and shell flying around, but we had to stand it. I have only Providence to thank for not being killed there. Once a rifled cannon ball whizzed screechingly between Mrs. Husbards and me, and we were quite close together. Another time a shell struck the rear of a carriage in which I was riding, but, fortunately, it did not explode until it fell off, and we were not struck by the fragments."

On June 26 following Miss Hancock and three male nurses took charge of a division hospital at City Point, where she remained until September, when she came back home to Philadelphia in a hospital transport. But the next month found her again at her post of duty at City Point, where she remained until the fall of Richmond.

Scene Of Awful Devastation.

"The day after the fall of Richmond I went up there and saw the city, and it was a scene of awful devastation. Early had burned a lot of it. Our men had been released from Libby Prison, and it was refilled with Confederate prisoners. They were the most pitiable spectacle I had ever seen. They did not even have a sponge with which to dress wounds. They would take two pieces of board and make a V-shaped cup of them and let the water trickle thru the apex and thus wash out the wounds.

"With all that, I could not help saying to some of them that they could now appreciate the terrible situation

of our own men when they were dying by the scores in that den of agony. And I could not help thinking about a pit I saw on Culp's Hill at Gettysburg that was scarcely covered with earth. Somebody had cut into the bark of the tree that stood at the edge of the pit: 'Here lie 30 dead Confederates ——— them!'

"Well, we hurried back from Richmond to City Point and got ready for a big lot of wounded that we all felt sure would come to us from the battle to follow the fall of Richmond. But instead of the big battle there came Lee's surrender at Appomattox. I will never forget the feeling of thanksgiving and exultation when that glorious news reached us, for it meant home and peace.

Grand Review At Washington.

"We moved our supplies up to Alexandria to take care of the poor fellows who might be exhausted by their march to Washington. We stayed there for two weeks. I saw the grand review at Washington, when for a full day the veterans marched by in solid ranks, the most imposing spectacle my earthly eyes will ever behold. Then I came home and took up my other work."

"And you have never married?"

"No, I have been too busy," was the simple reply, and then a long period of silence, that remained unbroken until the auditor arose to say his farewell.

Only a day before the auditor had listened to the story of a devoted wife who had gone to the front at Harpers Ferry to minister to her stricken husband, Mrs. H. S. Bunnell, of 2006 North 16th St. Her husband was the quartermaster of the 116th Pa., of which St. Clair Mulholland, pension agent in this city, was a member.

Mrs. Bunnell had celebrated her 80th birthday by giving a dinner to several of her old associates who had been volunteer nurses in the Army. Seven of them responded to her invitation. Miss Hancock was in Atlantic City that evening and could not be present.

We recommend to our readers that they patronize The National Tribune advertisers.

Nathan G Goodman
301 W School Lane
Philadelphia Pa.

PRESIDENT LINCOLN'S REMARK AT CITY POINT HOSPITAL

The letters of Cornelia Hancock, who was an efficient and observant nurse with the Army of the Potomac from July, 1863 through April, 1865, have now been published by the University of Pennsylvania Press in an attractive volume bearing the title : "South After Gettysburg". Miss Hancock reached Gettysburg on the evening of July 6 and pitched right into the work. Later she spent some time at the hospital for the contrabands in Washington, and then returned for service with the Army of the Potomac.

One of these magnificent letters, written by Cornelia Hancock to her sister on April 11, 1865, at the army hospital at City Point, Virginia, contains an interesting reference to President Lincoln :

"President Lincoln visisted our hospital a few days since. When the medical directors wanted to call his attention to the appointments of the hospital, he said: 'Gentlemen, you know better than I how to conduct these hospitals, but I came here to take by the hand the men who have achieved our glorious victories.' After that the men who were able stood in line and he shook hands with them - and the others, he went to their bedsides and spoke to them. He assured us the war would be over in six weeks."



STATE MUTUAL LIFE ASSURANCE COMPANY

WORCESTER, MASSACHUSETTS

CHANDLER BULLOCK
CHAIRMAN OF THE BOARD

May 14, 1945

Dr. Louis A. Warren, Editor
"Lincoln Lore"
The Lincoln National Life Insurance Co.
Fort Wayne, Indiana

My dear Dr. Warren:

I always read with great interest your "Lincoln Lore", and I often think that even a good historian like yourself would run out of material every now and then for a publication that is issued week after week.

I am enclosing a reminiscence by an eye-witness of Abraham Lincoln's visit to a hospital in Washington in 1862. This is a reminiscence set forth in a still extant diary by a grandfather of an officer in this company, our Associate Actuary, Melvin Schuh.

If you want to use it at any time in the future in an abbreviated form or otherwise, you are welcome to it. However, if you have plenty of other material and cannot see your way to embody the substance of this in any "Lincoln Lore" - it will not hurt our feelings at all.

Sincerely,

Chandler Bullock

Paper read by Chandler Bullock at a meeting of the
Lincoln Group held at the Parker House, Boston, on Saturday, April 21, 1945

~~Read by Chandler Bullock~~

The two brief reminiscences that I am about to read, reminiscences of Abraham Lincoln, will add nothing new to the history of that remarkable man. These reminiscences are, however, human interest episodes in Lincoln's life, and can be added to the many now accumulated and recorded.

The first episode concerns Lincoln's visit to a hospital in Washington in 1862, which story I obtained from an Associate Actuary in my Company, Melvin Schuh. The story is told and recorded by Schuh's grandfather, Melvin H. Walker of Westboro, Mass. The latter was born in Princeton, Mass., in 1842 and spent most of his life in Westboro, where he was engaged in the manufacture of shoes. Also during the later years of his life, Walker was President of the Westboro Savings Bank. Walker kept a diary which he began writing after the Civil War, and in that diary he interspersed notes and reminiscences of some of his experiences in the Civil War. Because of Walker's background and of the fact that these reminiscences were written very shortly after the Civil War was over - we can rely upon their general accuracy.

In July, 1861, Melvin H. Walker enlisted in the 13th Massachusetts Volunteers and served three years with the Army of the Potomac. From his notes, from which I am about to quote, one can learn of the primitive, rough, and slow method by which the wounded were being evacuated in the Civil War, in comparison with swift evacuation now being given to the wounded in this World War #2. I now quote word for word from Mr. Walker's notes in his diary.

"It was my ill fortune to suffer from a very serious illness in the late summer and fall of 1862. After being carried over the country roads of Virginia in a one-horse ambulance for three days, I was brought to Fairfax Station on the O & A Railroad. About 3,000 sick and wounded. I spent the night under the care of Miss Clara Barton and her helpers. In the early morning we were put into freight cars and carried to Washington. I was taken to a large brick church still standing on the corner of 3rd & "C" Streets not far from the Capitol, then used as a hospital. Here I remained for two months and more before I sufficiently recovered to return to the regiment.

"One morning not long after my arrival at the hospital, President Lincoln appeared at the door dressed in a black suit, holding in one hand a rusty black silk stovepipe hat, and followed by a negro servant carrying a large basket filled with button-hole bouquets made from flowers from the White House Conservatory, one of which he left at each cot. Stopping near the entrance he called out in a high clear voice, 'Well, how are my boys this morning?' As he moved down the ward he stopped at a cot here and there to shake hands or speak with some poor fellow in a more serious condition than others.

"Coming down near where I lay he turned to the bedside of a young boy from a Pennsylvania Regiment, only 16 years of age, terribly wounded and even then in the very agonies of death. Standing a moment and looking down on him he took his feeble hand in his and with a touch as tender as

that of any woman he laid his other great hand upon the head of the dying soldier and in a voice choked with emotion, he said, 'My brave boy, my brave boy'. And as I looked across from my cot, I saw the tears running down his rugged face as though he were his very own, as indeed he was and every other of all the countless thousands who responded to his call. For such a man bowed down under the crushing weight of burdens and responsibilities almost impossible to be borne, in the very crisis of the Nation's life, to take time to visit the hospitals to see that the sick and wounded received the needed care and attention, tells what a heart he had. Not for naught did we call him 'Father Abraham', and he us, 'his boys' ". 

May 16, 1945

Mr. Chandler Bullock
State Mutual Life Assurance Company
Worcester, Massachusetts

My dear Mr. Bullock:

It was very thoughtful of you indeed to forward the interesting reminiscence of Melvin H. Walker and I am sure some time it will fit in nicely with some little Lincoln story about Lincoln and the hospitals.

My father's mother was named Walker but I have never traced their ancestry back to the earlier progenitors although I know it is an old Massachusetts family and, of course, makes the testimonial of much more interest to me personally.

Thank you very much for your kind words about Lincoln Lore. We have had very many fine compliments on the last instalment.

Very truly yours,

Director

LAW:CRS
L.A. Warren

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LIBRARY

CHICAGO, ILL.

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THE TRUTH ABOUT CIVIL WAR SURGERY

IF YOU THINK CIVIL WAR SURGEONS
WERE ILL-TRAINED SAWBONES
WHO LOVED TO AMPUTATE—USUALLY
WITHOUT ANAESTHESIA—YOU NEED
TO READ THIS!

BY ALFRED J. BOLLET, M.D.

UNION COLONEL THOMAS REYNOLDS LAY IN A HOSPITAL BED after the July 1864 Battle of Peachtree Creek, Georgia. Gathered around him, surgeons discussed the possibility of amputating his wounded leg. The Irish-born Reynolds, hoping to sway the debate toward a conservative decision, pointed out that his wasn't any old leg, but an "imported leg." Whether or not this indisputable claim influenced the doctors, Reynolds did get to keep his body intact.

**With the patient seated on a comfortable chair in a studio or parlor and everything neatly in its place,
this scene is not an actual amputation, but merely a pose.**

THE BURNS ARCHIVE HISTORIC MEDICAL PHOTOGRAPHS







Compared to the many men who died because limbs should have been removed but weren't, Reynolds was lucky: he survived. "I have no hesitation in saying that far more lives were lost in refusal to amputate than by amputation," wrote William Williams Keen, a medical student with the military status of a West Point cadet. Like many Civil War medical workers, Keen learned his trade on the job, under extreme duress, as Civil War battles churned out thousands of wounded men.

After treating casualties of the September 1862 Battle of Antietam, Maryland, Keen went to work in Philadelphia at the Turner's Lane Hospital, a facility famous for making discoveries about nerve injuries. Later he became professor of surgery at the city's Jefferson Medical College and a leader in American surgery. In his *Reminiscences* (1905), he commented on the persistent practice of blaming Civil War surgeons for performing unnecessary amputations. Many other Civil War surgeons made the same point: amputations saved lives and failure to perform necessary ones sometimes resulted in fatal infections.

The image that surgery during the Civil War consisted of amputations, amputations, and more amputations, many done unnecessarily, developed early in the war. Soldiers' letters and hometown newspapers were filled with such accusations, and the notion stuck. True, more than 30,000 amputations were done on Union soldiers, and probably a similar number on Confederates, but most were necessary. British and American civilian surgeons who visited battlefield hospitals as observers and committed their opinions to paper agreed with Keen that Civil War surgeons were often too hesitant about amputating. Those experts felt that too few amputations were done, and that the accusations that surgeons were too quick to amputate led them to second-guess themselves, often incorrectly.

SURGERY BEFORE THE CIVIL WAR

THE INTRODUCTION OF ANAESTHESIA in October 1846 allowed surgeons to operate more deliberately. But because infection almost always followed, very little surgery was done. Then came the Civil War and the need for an astounding number of operations to be performed by doctors without any prior surgical experience.

Statistics for the Massachusetts General Hospital, one of the premier hospitals of the era, illustrate the state of surgery in the first half of the 19th century. Between 1836 and 1846, a total of 39 surgical procedures were performed at that hospital annually. In the first 10 years after the introduction of anaesthesia, 1847 through 1857, the annual average was 189 procedures, about 60 percent of which were amputations. Opening the abdomen or chest was rare. About two decades after the Civil War, the volume of surgery in civilian hospi-

tals increased enormously with the introduction of antiseptic and, later, aseptic techniques. Between 1894 and 1904, for example, an average of 2,427 procedures were done annually at the Massachusetts General Hospital and, by 1914, more than 4,000.

Many Civil War surgeons lived to see these developments and, reminiscing long after the war, lamented their own lack of preparation for the difficulties of treating large numbers of severely wounded men. "Many of our surgeons had never seen the inside of the abdomen in a living subject...", one physician wrote, adding, "Many of the surgeons of the Civil War had never witnessed a major amputation when they joined their regiments; very few of them had treated gunshot wounds."

Despite the lack of preparation, Union surgeons treated more than 400,000 wounded men—about 245,000 of them for gunshot or artillery wounds—and performed at least 40,000 operations. Less complete Confederate records show that fewer surgeons treated a similar number of patients. As would be expected, the numbers of surgeons grew exponentially as the war raged on. When the war began, there were 113 surgeons in the U.S. Army, of which 24 joined the Confederate army and 3 were dismissed for disloyalty. By war's end, more than 12,000 surgeons had served in the Union army and about 3,200 in the Confederate. During the course of the war, formal and informal surgical training programs were begun for newly enlisted surgeons, and special courses on treating gunshot wounds were given. Surgeons on both sides rapidly developed skills and knowledge that improved the treatment of wounds, and they devised many new surgical procedures in desperate attempts to save lives.

DID ARMY SURGEONS DESERVE SO MUCH CRITICISM?

AT THE START OF THE WAR, and especially during both Battles of Manassas and the Peninsula Campaign in 1861 and 1862, care of the wounded was chaotic and criticism of surgeons was valid. Regular Army personnel in all departments expected a short war fought by professionals and tried to follow rules created for the 15,000-man prewar army scattered here and there at small frontier posts. But the Civil War involved large volunteer forces fighting huge battles and sustaining enormous numbers of casualties. The prewar system was overwhelmed. Hospitals were organized at the regimental level, and transportation of the wounded was improvised. Wounded men sometimes went days without any care. Surgeons operated in isolation, without help or supervision.

While newspaper articles and soldiers' letters described the poor state of affairs to anyone who could read, a new medical director of the Army of the Potomac, Dr. Jonathan Letterman,

An intensely focused subject and the appearance of real blood mark this rare image, one of the few photographs depicting a Civil War surgeon at work.

worked to improve medical care. He was remarkably successful, but the improvements went largely unreported. So public criticism continued to inhibit surgeons, keeping them from making the best decisions. And, as Keen observed, this may have cost lives.

One of many observers who agreed with Keen was William M. Caniff, professor of surgery at the University of Victoria College in Toronto. Visiting with the Union army after the Battle of Fredericksburg in the winter of 1862-1863, he wrote that American surgeons were too hesitant about performing amputations. In a long essay published in the British medical journal *Lancet* on February 28, 1863, Caniff observed, "Although a strong advocate of conservative surgery..., I became convinced that upon the field amputation was less frequently resorted to than it should be; that while in a few cases the operation was unnecessarily performed, in many cases it was omitted when it afforded the only chance of recovery."

While the criticism continued, medical conditions continued to improve. Evacuation and transportation of the wounded

got better, as did the establishment and management of hospitals. And the percentage of the wounded that died after treatment dropped dramatically. After Antietam, for example, 1 percent of the 8,112 wounded treated in hospitals died; but after the Battle of Gettysburg one year later, only 9 percent, 10,569 died. Despite that, an editorial writer in the *Cincinnati Lancet and Observer* noted in September 1863 that "Our readers will not fail to have noticed that everybody connected with the army has been thanked, excepting the surgeons...."

MYTH 1: ALTERNATIVES TO AMPUTATION WERE IGNORED

INFECTION THREATENED THE LIFE of every wounded Civil War soldier, and the resulting pus produced the stench that characterized hospitals of the era. When the drainage was thick and creamy (probably due to staphylococci), the pus was called "laudable," because it was associated with a localized infection.

A surgeon and other personnel gather around a patient
In another one of the rare photos of actual surgery in the field.



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tion unlikely to spread far. Thin and bloody pus (probably due to streptococci), on the other hand, was called "malignant," because it was likely to spread and fatally poison the blood. Civil War medical data reveal that severe infections now recognized as streptococcal were common. One of the most devastating streptococcal infections during the war was known as "hospital gangrene."

When a broken bone was exposed outside the skin, as it was when a projectile caused the wound, the break was termed a "compound fracture." If the bone was broken into multiple pieces, it was termed a "comminuted fracture"; bullets and artillery shells almost always caused bone to fragment. Compound, comminuted fractures almost always resulted in infection of the bone and its marrow (osteomyelitis). The infection might spread to the blood stream and cause death, but even if it did not, it usually caused persistent severe pain, with fever, foul drainage, and muscle deterioration. Amputation might save the soldier's life, and a healed stump with a prosthetic limb was better than a painful, virtually use-

less limb, that chronically drained pus.

Antisepsis and asepsis were adopted in the decades following the war, and when penicillin became available late in World War II, the outlook for patients with osteomyelitis improved. In the mid-1800s, however, germs were still unknown. Civil War surgeons had to work without knowledge of the nature of infection and without drugs to treat it. To criticize them for this lack of knowledge is equivalent to criticizing Ulysses S. Grant and Robert E. Lee for not calling in air strikes.

Civil War surgeons constantly reevaluated their amputation policies and procedures. Both sides formed army medical societies, and the meetings focused primarily on amputation. The main surgical alternative to amputation involved removing the portion of the limb containing the shattered bone in the hope that new bone would bridge the defect. The procedure, called excision or resection, avoided amputation, but the end result was shortening of the extremity and often a gap or shortening of the bony support of the arm or leg. An arm might still have

Unlike the image opposite, this scene is set up for the camera.
It shows how a surgeon may have prepared a leg for amputation while an assistant administered anaesthesia.



LLOYD OSTENDORF COLLECTION

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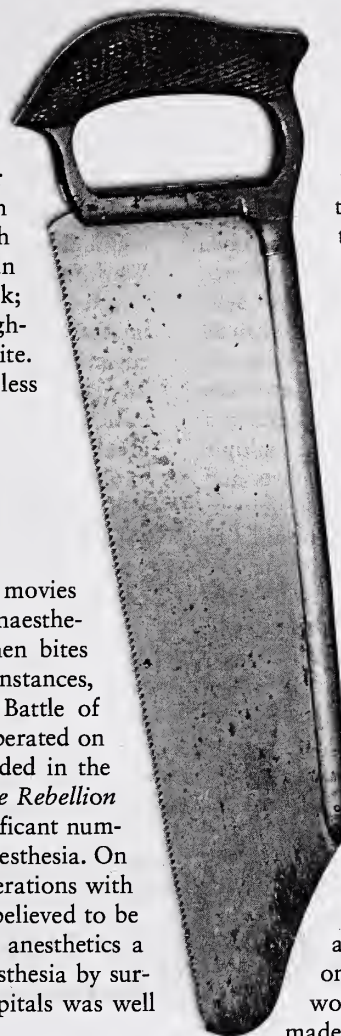
some function, but often soldiers could stand or walk better on an artificial leg than on one with part of a bone removed. Another problem with excision was that it was a longer operation than amputation, which increased the anaesthesia risk; the mortality rate after excision was usually higher than that following amputation at a similar site. As the war progressed, excisions were done less and less frequently.

MYTH 2: SURGERY WAS DONE WITHOUT ANAESTHESIA

HISTORIES OF THE CIVIL WAR and Hollywood movies usually portray surgery being done without anaesthesia; the patient downs a shot of whiskey, then bites down on a bullet. That did happen in a few instances, particularly on September 17, 1862, at the Battle of Iuka, Mississippi, when 254 casualties were operated on without any anesthetic. This episode is recorded in the *Medical and Surgical History of the War of the Rebellion* and is the only known occurrence of any significant number of operations being performed without anaesthesia. On the other hand, more than 80,000 Federal operations with anaesthesia were recorded, and that figure is believed to be an underestimate. Confederate surgeons used anesthetics a comparable number of times. The use of anaesthesia by surgeons doing painful wound treatments in hospitals was well described but not tallied.

One explanation for the misconception about anaesthesia is that it was well into the 20th century before research led to more carefully designed applications. At the time of the Civil War, ether or chloroform or a mixture of the two was administered by an assistant, who placed a loose cloth over the patient's face and dripped some anesthetic onto it while the patient breathed deeply. When given this way, the initial effects are a loss of consciousness accompanied by a stage of excitement. For safety reasons, the application was usually stopped quickly, which is why surprisingly few deaths occurred. The Civil War surgeon went to work immediately, hoping to finish before the drug wore off. Although the excited patient was unaware of what was happening and felt no pain, he would be agitated, moaning or crying out, and thrashing about during the operation. He had to be held still by assistants so the surgeon could continue.

Surgery was performed in open air whenever possible, to take advantage of daylight, which was brighter than candles or kerosene lamps available in the field. So, while surgeons performed operations, healthy soldiers and other passers-by often had a view of the proceedings (as some newspaper illus-



trations of the time verify). These witnesses the clamor and heard the moaning and the patients were conscious, feeling the pain. These observations found their way into letters and other writings, and the false impression that Civil War surgeons did not typically use anaesthesia. That myth has persevered, but the evidence says otherwise.

MYTH 3: MOST OF THE WOUNDS WERE TO ARMS AND LEGS

ANOTHER MISCONCEPTION common in Civil War history is the concept that most wounds were to the arms and legs. At the root of this myth are statistics that state that about 36 percent of wounds were to the arms and another 35 percent to the legs. These numbers are based on the distribution of the wounds of soldiers evacuated and treated in hospitals shown in the records in the *Medical and Surgical History of the War of the Rebellion*. The trouble is, many soldiers with more serious wounds did not make it to hospitals and therefore not counted. Wounds of the chest, abdomen, and head, for example, were often fatal on the battlefield. Soldiers with these more serious wounds were often given morphine and water to make as comfortable as possible as they awaited death, while men with treatable wounds, such as injured limbs, were given evacuation priority.

A similar statistics-based misjudgment arises in connection with artillery wounds. These were often devastating, immediately or soon after; few soldiers hit by artillery missiles lived to be evacuated. For this reason, the recorded number of artillery wounds treated is low. That fact has led some authors to conclude erroneously that artillery was largely ineffective.

MYTH 4: EVERY SURGEON HAD AUTHORITY TO AMPUTATE

DURING THE FIRST YEAR OF THE WAR, and especially during the Peninsula Campaign in 1862, army surgeons performed amputations. Soon the overwhelming numbers of battle wounds forced the army to contract civilian surgeons to perform operations in the field alongside their army counterparts. Their ability ranged from poor to excellent.

Accusations soon arose that surgeons were doing unnecessary amputations just to gain experience. This was unde-

A Civil War surgical saw (above), hardly different from the variety used to cut a plank of wood. As the photograph opposite, taken at Jefferson Medical College in Philadelphia in 1902, suggests, the equipment of the surgical trade and the setting changed rapidly in the postwar decades. Former Civil War surgeon William Keen is the surgeon with the white beard.

edly true in some cases, but it was rare. After the Battle of Antietam in September 1862, Letterman was so disturbed by public criticism of the army surgeons that he reported:

THE SURGERY OF THESE BATTLE-FIELDS has been pronounced butchery. Gross misrepresentations of the conduct of medical officers have been made and scattered broadcast over the country, causing deep and heart-rending anxiety to those who had friends or relatives in the army, who might at any moment

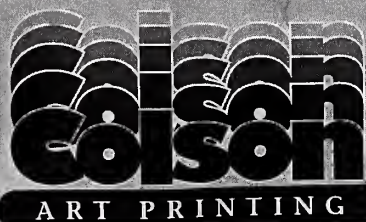
Motivated at least in part by a desire to improve the public perception of the medical department, Letterman issued an order on October 30, 1862, requiring that "in all doubtful cases" involving Union soldiers, a board of three of the most experienced surgeons in the division or corps hospital would decide by majority vote whether an amputation was necessary. Then, a fourth surgeon, the available doctor with the most relevant skills, would perform the procedure. This system remained in effect for the rest of the war.



require the services of a surgeon. It is not to be supposed that there were no incompetent surgeons in the army. It is certainly true that there were; but these sweeping denunciations against a class of men who will favorably compare with the military surgeons of any country, because of the incompetency and short-comings of a few, are wrong, and do injustice to a body of men who have labored faithfully and well.

After the war, Surgeon George T. Stevens, historian of the the Army of the Potomac's VI Corps, described how the operating surgeon was chosen:

ONE OR MORE SURGEONS of well known skill and experience were detailed from the medical force of the division, who were known as "operating surgeons"; to each of (continues on page 56)



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THE TRUTH ABOUT CIVIL WAR SURGERY

(continued from page 33)

whom was assigned three assistants, also known to be skillful men.... The wounded men had the benefit of the very best talent and experience in the division, in the decision of the question whether he should be submitted to the use of the knife, and in the performance of the operation in case one was required. It was a mistaken impression among those at home, that each medical officer was the operating surgeon for his own men. Only about one in fifteen of the medical officers was entrusted with operations.

The Confederate army had a similar problem with excessively zealous surgeons, and it instituted a similar solution. In the 1863 edition of his *Manual*

'Overall, Union surgeons had a fatality rate of 26 percent, performing more than 30,000 amputations.'

of *Military Surgery*, Professor J.J. Chisolm of Charleston, South Carolina, bluntly addressed the issue of unnecessary surgery:

AMONG A CERTAIN CLASS of surgeons ...amputations have often been performed when limbs could have been saved, and the amputating knife has often been brandished, by inexperienced surgeons, over simple flesh wounds. In the beginning of the war the desire for operating was so great among the large number of medical officers recently from the schools, who were for the first time in a position to indulge this extravagant propensity, that the limbs of soldiers were in as much danger from the ardor of young surgeons as from the missiles of the enemy....

It was for this reason that, in the distribution of labor in the field infirmaries, it was recommended that the surgeon who had the greatest experience, and upon whose judgment the greatest reliance could be placed, should officiate as examiner, and his decision be carried out by those who may possess a greater facility or desire for the operative manual.

The new procedures helped the patients, but they hardly changed public

opinion. In the end, despite advances in surgical practices and their results, Civil War physicians were unsuccessful in improving their public perception.

HOW DID AMERICAN SURGEONS COMPARE TO EUROPEANS?

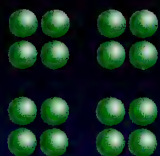
THE EFFORTS OF CIVIL WAR SURGEONS should be compared with those of their contemporaries: doctors who treated the casualties of the Crimean War (1854-1856) and the Franco-German War of 1870-1871. Fatality rates during the Civil War, especially those following amputations, compare favorably with those of the British and especially the French in the Crimean War and were much better than those of the Russians and Turks (although statistics for those armies were less thorough).

The data for the British in the Crimean War are the most comprehensive available, thanks in large part to the interest taken in statistics by the renowned nurse Florence Nightingale. The British performed a total of 1,021 amputations, with a fatality rate of 26 percent. Overall, Union surgeons had a fatality rate of 26 percent, performing more than 30,000 amputations. Fatality rates varied with the location of the amputation; the closer to the trunk, the higher the percentage. One place the Union surgeons stood out most over their British counterparts was in amputations at the hip. In every recorded attempt by British surgeons, the patient died. Union doctors, on the other hand, succeeded 17 percent of the time.

THE MEDICAL DATA for the Union forces in the Civil War are the most complete of any war involving America. Careful consideration of these records and the state of medicine here and in Europe at the time reveals commendable efforts and results. Overall, American surgeons during the Civil War did respectable and generally successful jobs of trying to save lives. They deserve a better reputation than the lowly one they have received. **CWT**

DR. BOLLET is the author of the recent book *Civil War Medicine, Challenges and Triumphs*, published by Galen Press.





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